

**City of Detroit Statement of Eligibility
Renaissance Zone Application**

Name (Last, First or Business):	Social Security Number or Tax ID No.:
Renaissance Zone Address:	Personal Property Tax ID No.:
Mailing Address, if different from above:	Contact Person:
Phone Number: ()	E-mail Address:
	Fax Number: ()

INDIVIDUAL ☐ PARTNERSHIP/LLC ☐ CORPORATION ☐ PROPRIETORSHIP ☐

LIST UTILITY COMPANY NAMES AND ACCOUNT NUMBERS BELOW:

GAS	ELECTRIC	TELEPHONE Co.

Are you a resident of the Renaissance Zone? ☐Yes ☐No
 Do you own the Renaissance Zone real property? ☐Yes ☐No
 Is this residential rental property? ☐Yes ☐No

If you are a tenant, please complete the following information:

Landlord's Name:	Landlord's Address:	Landlord's Phone No.:

Date you established residence or business at the above Renaissance Zone location: / /
 Month/Date/Year

List all commercial/industrial real property you own in the Renaissance Zone.

ADDRESS/ ZIP CODE:	WARD/ITEM #

List all residential real property you OWN in the Renaissance Zone. Please indicate if property is rented, vacant or vacant lot.

ADDRESS/ ZIP CODE:	WARD/ITEM #

List all personal property you OWN/LEASE in the State of Michigan.

ADDRESS/ ZIP CODE:	WARD/ITEM #

Businesses: List all personal property you OWN/LEASE (if you pay taxes) in the Renaissance Zone.

ADDRESS/ ZIP CODE:	ID NO.	DATE INSTALLED	VALUE

Businesses: List all personal property you OWN/LEASE (the lessor pays the taxes) in the Renaissance Zone.

LESSORS NAME:	ADDRESS/ ZIP CODE:	VALUE

Businesses: List all personal property you OWN/LEASE in the State of Michigan.

ADDRESS/ ZIP CODE:	ID NO.	DATE INSTALLED	VALUE

**If you are an individual seeking income tax relief, complete the following employer information.
If you are receiving income from another source other than an employer, please indicate source and
provide verification. If needed, you may attach additional information.**

EMPLOYER 1

OTHER SOURCE OF INCOME

Employer's Name	Source of Income
Employer's Address	
Employer's FID (see your W2)	

1. Are you delinquent in filing state or city income taxes for any year or have you failed to file returns for any tax year (s)?
Yes ☐ No ☐ If yes, please provide the year(s) and reason.
2. Do you have any delinquencies in city, state, or county property taxes, fees, or special assessment for any year (s)?
Yes ☐ No ☐ If yes, please provide the year(s) and reason.
3. Have you been delinquent in paying utility users tax for any year?
Yes ☐ No ☐ If yes, please provide the year(s) and reason.
4. Are you currently delinquent in filing or paying Michigan Single Business Tax (SBT), for any year(s)?
Yes ☐ No ☐ If yes, please provide the year(s) and reason.

WAIVER OF CONFIDENTIALITY AND CONSENT TO DISCLOSE

Applicant attests under penalty of perjury that the information provided within this statement is true. Applicant understands and agrees that the information provided within this statement is submitted voluntarily, for the purpose of obtaining tax relief as provided under the Michigan Renaissance Zone Act, MCL 125.2681 et seq. Applicant further understands and agrees that in order to determine whether the applicant qualifies for the tax relief provided in the Michigan Renaissance Zone Act, it will be necessary to disclose the information provided within this statement to various entities, including, but not limited to: the State of Michigan, the City of Detroit, the County of Wayne and to the various utility companies which collect a utility users tax on behalf of the City of Detroit. Applicant hereby waives any right to confidentiality provided under any laws, and hereby consents to the disclosure of any information provided within this statement, including but not limited to: applicant's name, address, telephone numbers, social security numbers, federal identification numbers, personal property numbers and utility account names and numbers to the extent necessary to administer the provisions of the Michigan Renaissance Zone Act. Applicant understands and agrees to continue to satisfy the requirements of the Michigan Renaissance Zone Act for tax relief. Applicant agrees to notify the City of Detroit immediately if a change in status has occurred.

Applicant's Signature

Date

PLEASE REMIT COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:

**City of Detroit, Finance Department
Renaissance Zone**
Attn: Kim Miller, Manager
2 Woodward Avenue, Suite 828
Detroit, Michigan 48226

Phone # 313-224-3053
Fax # 313-224-3089